

## SMOKE DETECTOR APPLICATION CITY OF SAN ANTONIO

Please circle either Y for Yes or N for No for each of	the question	ons below.
1. Do you own your home?	Ÿ	N
2. Is your home in the City of San Antonio?	Y	N
3. Do you have a smoke detector in your home?	Y	N
4. Would you like a smoke detector in your home?	Y	N
NAME:		
ADDRESS:		
TELEPHONE NUMBER: (210)		
AGE:		
DISABILITY (if applicable)		
Members of the San Antonio Fire Department will c detector. This program is only eligible to people living		
Neither the City of San Antonio, nor the San Antonio possible improper installation or defective smoke detective		ment is responsible for
By signing below, I agree to participate in this program		
Signature		
Print Name		
ONLY ONE APPLICATION IS REQUIRED. APP	LY BY EIT	THER:
√ Calling 2-1-1 (MonFri., 9 a.m. to 4 p.m.)		
√ Mailing this application form to:		
Ms. Suzanne Carter		
United Way of San Antonio		
700 South Alamo		
San Antonio, Texas 78293-0898		
√ Returning this form to your Agency/Provider:		
√ Accessing on-line application at: http://www.united	waysatx.org	